

**Indiana Family and Social Services Administration
Division of Mental Health and Addiction
Community Alternatives to Psychiatric Residential Treatment Facilities
Grant Service Definitions**

Wraparound Facilitation:

Wraparound Facilitation is a comprehensive service comprised of a variety of specific tasks and activities designed to carry-out the wraparound process. Children/youth who participate in the CA-PRTF Demonstration Project must receive Wraparound Facilitation. Wraparound is a planning process that follows a series of steps and is provided through a Child and Family Wraparound Team. The Wraparound Team is responsible to assure that the participant's needs and the entities responsible for addressing them are identified in a written Plan of Care. The individual who facilitates and supervises this process is the Wraparound Facilitator (WF). Each WF will maintain a caseload of no more than 10 children, regardless of source(s) of funding (grant, local system of care, etc.).

The WF is responsible for completing a comprehensive assessment of the individual, working in full partnership with team members to develop a plan of care, oversees implementation of the plan, identifies providers of services or family based resources, facilitates Child and Family Team meetings, monitors all services authorized for a child's care. CA-PRTF grant services are authorized for payment based on the plan of care. The WF assures that care is delivered in a manner consistent with strength-based, family driven, and culturally competent values, offers consultation and education to all providers regarding the values and principles of the model, monitors progress toward treatment goals, and ensures that necessary data for evaluation is gathered and recorded. The WF ensures that all CA-PRTF grant related documentation is gathered and reported to DMHA as per requirements.

The wraparound model involves 4 stages (Miles, Brunes, Osher & Walker, 2006):

1. Engagement: The family meets the WF. Together they explore the family's strengths, needs, and culture. They talk about what has worked in the past and what they expect from the wraparound process. The WF engages other team members identified by the family and prepares for the first child/family team meeting. If the child/youth is receiving treatment in a PRTF, the family may be engaged prior to an anticipated discharge date, not to exceed 180 days.
2. Planning: The WF informs the team members about the family's strengths, needs, and vision for the future. The wraparound team does not meet without the family present. The team decides what to work on, how the work will be accomplished, and who is responsible for each task. Plan of Care (POC) development is facilitated by the WF and the WF is responsible to write the POC and obtain approval of the POC from DMHA. The WF also facilitates a plan to manage crises that may occur.
3. Implementation: Family and team members meet regularly (at least monthly). Meetings are facilitated by the Wraparound Facilitator who also assures that the family guides the family/team meetings. The team reviews accomplishments and progress toward goals and makes adjustments. Family and team members work together to implement plan.
4. Transition: As the family team nears the goals, preparations are made for the family to transition out of formal wraparound and CA-PRTF grant services. The family and team decide how the family will continue to get support when needed and how wraparound can be re-started if necessary.

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The Wraparound Facilitator:

- Completes CANS Reassessments every six months to monitor progress.
- If the WF is not a QMHP, he/she arranges for a QMHP to complete the annual PRTF LOC re-evaluations with active involvement of the Child and Family Wraparound Team;
- Guides transition of the youth to the community from a PRTF;
- Guides the engagement process by exploring and assessing strengths and needs;
- Facilitates, coordinates, and attends family and team meetings;
- Guides the planning process by informing the team of the family vision (no team meeting without family);
- Guides the crisis plan development, monitors the implementation and may intervene during a crisis;
- Authorizes and manages Flex Funding as identified in the Plan of Care;
- Assures that the work to be done is identified and assigned to a team member;
- Assures that a written Plan of Care is developed, written and approved by the Division of Mental Health and Addiction;
- Reassesses, amends, and secures on-going approval of Plan of Care;
- Communicates and coordinates with local Division of Family Resources (DFR) regarding continued Medicaid eligibility status;
- Monitors cost-effectiveness of Medicaid services;
- Monitors and supervises the Wraparound Technician;
- Guides the transition of the youth from the demonstration project.

Wraparound Facilitation does not duplicate Wraparound Technician services or any other Grant or state plan Medicaid service. Every child/family will have a WF. The WF may perform the tasks identified for a Wraparound Technician. This will occur when the caseload does not warrant an added person to perform all the duties of the Wraparound Technician. Both WF and Wraparound Technician services include assistance to participants in gaining access to services (CA-PRTF Grant, medical, social, educational and other needed services). The difference between these two services is related to the complexity of the activities. The WF manages the entire wraparound process and ensures that all assessments/reassessments are completed; ensures that the plan of care is completed (including a crisis plan) and is approved; guides all team members to ensure that the family vision is central to all services; manages the flex fund; and supervises the Wraparound Technician.

Wraparound Technician:

The Wraparound Technician applies the theories and concepts of the wraparound process and the resulting Plan of Care to the child/youth's day to day activities. Wraparound Technicians are guided and supervised by the Wraparound Facilitator. They discuss progress with other team members, providers, and family and make recommendations to the Wraparound Facilitator and team.

The Wraparound Technician:

- Participate in Child and Family Team meetings;

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- Monitor progress by communicating with the family and child, as well other team members and the Wraparound Facilitator. The timetable for and the mode of communication should be determined with the family;
- Assist the family and child with gaining access to services and assure that families are aware of available community-based services and other resources such as Medicaid State Plan services, Vocational Rehabilitation programs, educational, and public assistance programs;
- Monitor use of service and engage in activities that enhance access to care, improve efficiency and continuity of services, and prevent inappropriate use of services;
- Monitor health and welfare of the child/youth;
- May provide crisis intervention;
- May facilitate Medicaid certification and enrollment of potential providers identified by the family to provide demonstration project services.

Wraparound Technician may not duplicate Wraparound Facilitation or any other Grant or state plan Medicaid service. However, the Wraparound Technician functions may be provided by the same individual who provides Wraparound Facilitation services.

Habilitation:

Habilitation services enhance participant functioning, life and social skills; prevent or reduce substance use/abuse; increase client competencies and build child and family's strengths and resilience, and positive outcomes. This is accomplished through developing skills in identification of feelings; anger and emotional management; how to give and receive feedback; criticism and praise; problem-solving; decision making; assertive behavior; learning to resist negative peer pressure and develop pro-social peer interactions; improve communication skills; optimize developmental potential; address substance abuse and use issues; build and promote positive coping skills; learn how to have positive interactions with peers and adults, encourage therapeutic/positive play with or without parents/guardians, encourage positive community connections, and develop non-paid, natural supports for child and family . Activities are to be conducted face-to-face with the client by a mentor or peer mentor and address the needs of the participant. Habilitation services do not include services that are mandated under IDEA.

Training and Support for Unpaid Caregivers:

Training and support services are available for individuals who provide unpaid support, training, companionship or supervision to participants. For purposes of this service, individual is defined as any person, family member, neighbor, friend, co-worker, or companion who provides uncompensated care, training, guidance, companionship, or support to a child/youth served in the CA-PRTF grant. Training includes instruction about treatment and other services included in the Plan of Care (POC) as well as conferences, classes or events in areas such as parent skills-building, child and adolescent development, how to deal with substance abuse, stress reduction, problem solving, communication techniques, advocacy skills, developing community support, building supportive child-parent relationships, monitoring and supervision techniques, positive play and decision making skills. Peer support may be provided to assist the unpaid caregiver in meeting the needs of the participant. All training for individuals who provide unpaid support to

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the participant must be included in the participant's POC. Federal financial participation (FFP) is available for the costs of registration and training fees associated with formal instruction in areas relevant to participant needs identified in the POC. FFP is also available as compensation to the providers of this service for participation on the Child and Family Team meetings. FFP is not available for the costs of travel, meals and overnight lodging to attend a training event or conference.

Respite Care:

Respite Care services are provided to participants unable to care for themselves and are furnished on a short-term basis because of the absence or need for relief of those persons who normally provide care for the participant.

Respite Care may be provided on an hourly basis or a daily basis. The service may be planned and provided on a routine basis (such as weekly, monthly, or semi-annually). Respite Care may also be provided as an emergency in response to a crisis situation in the family. A crisis situation is one where the individual's health and welfare would be seriously impacted in the absence of the Crisis Respite Care.

Respite Care may be provided in the participant's home or private place of residence, child care home or facility licensed by the Indiana Family and Social Services Administration, Division of Family Resources or by the Indiana Department of Child Services. Routine, non-crisis, Respite Care may be provided on an hourly basis (billable in 15-minute units) for less than 7 hours in any one day. Or non-crisis Respite Care may be provided at the daily rate for 7 to 24-hours in any one day. Crisis Respite Care is provided for 8 to 24 hours at a daily rate. Respite Care provided in 24-hour units may not exceed 29 consecutive days in any 6 month period. Federal financial participation is available for participation in the child/family team meetings.

Respite is not provided as a substitute for regular child care to allow the parent/guardian to hold a job.

Non-Medical Transportation:

Transportation services are available to enable CA-PRTF Grant participants and their families to gain access to CA-PRTF grant services and other community services, activities, and resources as specified in the Plan of Care. Transportation may be provided to/from school if the school does not provide transportation, to an approved after school or week-end therapeutic activity, to an approved summer camp, and other similar services or activities. This service is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services under the State Plan, defined at 42 CFR 440.170(a) and does not replace them. Transportation services under the CA-PRTF grant are offered in accordance with the participant's Plan of Care. Federal financial participation is available for the cost of transportation to a training event or conference. Whenever possible, family, friends, neighbors, or community agencies which can provide this service at no charge are utilized.

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Transportation services may not be provided for purely recreational or diversional activities or for any reason not directly tied to the child's plan of care.

Consultative Clinical and Therapeutic Services:

Consultative Clinical and Therapeutic Services that are not covered by the State Plan and are necessary to improve the participant's independence and inclusion in their community and to assist unpaid caregivers and/or paid support staff in carrying out individual treatment/support plans. Home or community based consultation activities are provided by professionals in psychology, social work, counseling and behavior management. The service includes assessment, development of a home treatment/support plan, training and technical assistance to carry out the plan, monitoring of the participant and other providers in the implementation of the plan and compensation for participation in the Child and Family Team meetings. Crisis counseling and family counseling may be provided. This service may be delivered in the participant's home, in the school, or in the community as described in the Plan of Care to improve consistency across service systems.

Flex Funds:

Flex funds are utilized to purchase any of a variety of one-time or occasional goods and/or services needed for participants and their families, when the goods and/or services cannot be purchased by any other funding source, and the service or good is directly related to the enrolled child's Plan of Care. Flex fund services and/or supports must be described in the person's Plan of Care, and must be related to one or more of the following outcomes: success in school; living at the person's own home or with family; development and maintenance of personally satisfying relationships; prevention of or reduction in adverse outcomes, including arrests, delinquency, victimization and exploitation; and/or becoming or remaining a stable and productive member of the community.

Flex funds may be used to purchase non-recurring set-up expenses (such as furniture and bedding or clothing) for children transitioning from PRTF to a family/relative home if the child has been in out-of-home placements for 12 or more months and the Child/Family Team determine that funds are required for this purpose. Funds that are requested for one-time payment of utilities or rent or other re-occurring expenses may be used so long as the family can demonstrate the ability to pay bills in the future.

All uses of flex funds must be specified in the Plan of Care and approved prior to being incurred. Claims for flex funds will be submitted through the regular claims process. Documentation must also be included in the clinical record regarding the unavailability of any other funding source for the goods and/or services, the necessity of the expenditure and the outcomes affected by the expenditure. The documentation must also include the wraparound team determination that the expenditure is appropriate and needed in order to achieve the treatment goals and that the expenditure will not supplant normal family obligations. Flex funds may not be used for purely diversional or recreational activities or items.